

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155666		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 10/03/2011	
NAME OF PROVIDER OR SUPPLIER WESLEY HEALTHCARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1751 WESLEY ROAD AUBURN, IN46706			
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F0000	<p>This visit was for the Investigation of Complaint IN00096434.</p> <p>This visit was in conjunction with a PSR (Post Survey Revisit) to the Investigation of Complaints IN00094325 and IN00094836 completed on 8/19/11.</p> <p>Complaint IN00096434-Substantiated. Federal/state deficiency related to the allegations is cited at F159.</p> <p>Unrelated deficiency is cited.</p> <p>Survey dates: September 28, 29, 30, 2011 and October 3, 2011</p> <p>Facility number: 000307 Provider number: 155666 AIM number: 100285660</p> <p>Survey team: Ann Arney, RN-TC September 28, 29, 2011 and October 3, 2011 Carol Miller, RN Angie Strass, RN September 29, 30, 2011</p> <p>Census bed type: SNF/NF: 50 Total: 50</p> <p>Census payor type:</p>			F0000	<p>F0000Enclosed is the plan of correction for the survey completed at Wesley Healthcare Inc. on 10-03-11. Please consider this the facility's credible allegation of compliance and we respectfully request paper compliance for this survey with a compliance date of 10-06-11. However, submission of this response and the plan of correction is not legal admission that a deficiency exists or that this Statement of Deficiency was correctly rendered and is also not to be constructed as an admission of interest against the facility, the administrator or any employees, agent or other individuals who draft or may be consulted in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in the allegation by the survey agency. Rather this plan of correction has been prepared because the law requires us to prepare a plan of correction for the citations regardless of whether we agree with them or not.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/14/2011

FORM APPROVED

OMB NO. 0938-0391

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	Medicare: 9 Medicaid: 33 Other: 8 Total: 50 Sample: 13 These deficiencies reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed on October 4, 2011 by Bev Faulkner, RN						

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F0159 SS=D	<p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act;</p>						

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	<p>and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. Based on interview and record review, the facility failed to ensure \$52.00 dollars from the income of each Medicaid resident was provided for their personal use. This deficiency affected 3 of 11 Medicaid residents, whose social security/pension monies were received by the facility. (Resident #F, #O, #P)</p> <p>1. Resident trust fund accounts were reviewed on 9/29/11 at 10:30 a.m., with the Executive Director. The Executive Director indicated the social security/pension checks of 11 residents, which included, but were not limited to: Residents #F, #O, and #P, were directly received by the facility. The trust fund accounts of Residents #F, #O, and #P, indicated the following:</p> <p>On 9/2/11, a Social Security check for \$1,692.00 was deposited into Resident F's trust fund account and on 9/2/11, a check for \$1,692.00 was written to the facility for the resident's liability payment. As a result, the resident did not receive \$52.00 for personal expenses in September 2011.</p> <p>The previous month, on 8/3/11, a Social</p>			F0159	<p>F0159It is the policy of Wesley Healthcare Center to develop and implement policies and procedures to ensure \$52.00 dollars from the income of each Medicaid resident was provided for their personal use. Please consider this the facilities credible allegation of compliance as of 10-04-10. However, submission of this response and the plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly rendered, and is also not to be construed as an admission of interest against the facility, the administrator or any employees, agen, or other individuals who draft or may be consulted in this response and plan of correction.All Medicaid residents in the facility have the potential to be affected by the alleged deficiency siting. Wesley Healthcare has audited all Resident Trust funds for all Medicaid residents who received agency funds directly and has determined that 3 out of 11 resident were affected by this alleged deficiency.REMEDYIn-serviced all the business office staff on the policy for "Resident Trust Fund Monthly Liability Check Disbursment". (See attached</p>		10/04/2011

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	<p>Security check for \$1,692.00 was received for Resident #F and \$1,640.00 was deducted from her account leaving \$52.00 for personal expenses.</p> <p>On 9/2/11, a Social Security check for \$707.00 was deposited into Resident #O's trust fund account and on 9/2/11, \$707.00 was deducted from the account by the facility for the resident's liability payment. As a result, the resident did not receive \$52.00 for personal expenses in September 2011.</p> <p>The previous month, August 2011, \$707.00 was received and \$655.00 was deducted for the liability payment leaving \$52.00 for personal expenses.</p> <p>On 9/3/11, a Social Security check for \$273.30 was deposited into Resident #P's trust fund account and on 9/2/11 \$285.00 was deducted from the account for the resident's liability. As a result, the resident did not receive \$52.00 and an additional \$11.70, or a total of \$63.70, was deducted from the account in September 2011.</p> <p>The previous month, \$273.30 was received and \$221.30 was deducted for the liability payment, leaving \$52.00 for personal expenses.</p> <p>On 10/3/11, at 10:30 a.m., the Executive Director indicated \$52.00 was mistakenly</p>				<p>policy and signature sheet). MONITORINGThe Administrator or their designee will Audit all Medicaid resident who the facility receives agency funds directly for the first 3 months. This audit will be for purpose of verifying the proper distribution of liability and \$52.00 personal fund retention for the resident. All results will be reported to the quarterly Quality Assurance committee for tracking. The Administrator or their designee will Audit 50% of all Medicaid resident who the facility receives agency funds directly for the second 3 months. This audit will be for purpose of verifying the proper distribution of liability and \$52.00 personal fund retention for the resident. All results will be reported to the quarterly Quality Assurance committee for tracking. The Administrator or their designee will Audit 25% of all Medicaid resident who the facility receives agency funds directly for the third 3 months. This audit will be for purpose of verifying the proper distribution of liability and \$52.00 personal fund retention for the resident. All results will be reported to the quarterly Quality Assurance committee for tracking.</p>		

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	<p>deducted from Residents #F and #O's trust fund accounts and \$63.70 was mistakenly deducted from Resident #P's account and applied toward their liability payment in September 2011. The Executive Director indicated the money had been redeposited in the residents' accounts on 9/30/11. The Executive Director indicated all three residents had sufficient fund balances to cover personal expenses during the month of September 2011.</p> <p>The Executive Director indicated the facility had no policy regarding the deduction of \$52.00 for personal expenses but the master agreement with Medicaid authorized that \$52.00 was to be provided from the resident's Social Security income for personal expenses.</p> <p>This Federal tag relates to Complaint IN00096434.</p> <p>3.1-6(e)</p>						

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on interviews and record review, the facility failed to ensure a resident had received a first step Tuberculin test upon admission to the facility.</p> <p>This deficiency affected 1 of 13 residents</p>			F0441	<p>F0441 It is the policy of Wesley Healthcare Center to develop and implement policies and procedures to establish and maintain an Infection Control Program designed to provide a</p>		10/06/2011

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	<p>in a sample of 13 residents who were reviewed for tuberculosis tests. (Resident D).</p> <p>Findings include:</p> <p>Resident D's record was reviewed on 9/29/11 at 9:00 a.m. The record indicated the resident was admitted to the facility on 9/16/11.</p> <p>The resident's Immunization Record and TB (tuberculosis) Screening Form was blank.</p> <p>On 9/30/11 at 8:00 a.m., RN #1 was interviewed in regard to the resident's tuberculosis test and RN #1 indicated she had called the hospital where the resident had been admitted from and the resident had not received her first step tuberculosis test.</p> <p>On 9/30/11 at 10:00 a.m., the policy for Mantoux (tuberculin) testing, dated 10/5/09, was received from RN #1, and indicated "...All residents will have a Mantoux test administered within 72 hours of admission..."</p> <p>On 10/3/11 at 8:30 a.m., RN #1 was interviewed in regard to the first step Mantoux test and she indicated LPN #2 should have given Resident D her first step</p>				<p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. Please consider this the facilities credible allegation of compliance as of 10-06-10. However, submission of this response and the plan of correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly rendered, and is also not to be construed as an admission of interest against the facility, the administrator or any employees, agent, or other individuals who draft or may be consulted in this response and plan of correction. All residents in the facility have the potential to be affected by the alleged deficiency siting. REMEDY In-serviced all the nursing staff on the policy for administering Mantoux test per policy entitled "Mantoux testing" and the use and completion of the Admission checklist. (See attached policy and signature sheet). MONITORING The Director of Nursing their designee will Audit all new admissions for proper administration of Mantoux testing and completion of admissions checklist for the first 3 months. All results will be reported to the quarterly Quality Assurance committee for tracking. The Director of Nursing or their designee will Audit 50% of all new admissions for proper administration of Mantoux testing</p>		

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	Mantoux test on admission. 3.1-18(e)		and completion of admissions checklist for the second 3 months. All results will be reported to the quarterly Quality Assurance committee for tracking.The Director of Nursing or their designee will Audit 25& of all new admissions for proper administration of Mantoux testing and completion of admissions checklist for the third 3 months. All results will be reported to the quarterly Quality Assurance committee for tracking.		